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CLINICS.

CLINICAL LECTURES.

Abstract of a Lecture on Chloral as an Anæsthetic during Labour. By W. S. PLAYFAIR, M.D., Prof. of Obstetric Medicine in King's College, Physician for Diseases of Women and Children to King's College Hospital, and Examiner in Midwifery to the Royal College of Physicians.

"The means at our disposal for lessening the sufferings of our patients during labour must always be a subject of great practical interest to the accoucheur. The administration of chloroform during the second stage has become so established a custom among many that it is perhaps hardly necessary to say much with regard to it. The more experience, however, I have of its use, the less, I feel bound to say, do I like it as an anæsthetic during labour; and this, not because it does too

little, but on account of its tendency to do more than we wish. While in certain cases, when given with judgment, only during the pains, and not until these have become strong and forcing, it answers admirably, soothing the patient's suffering without retarding her labour or producing complete anæsthesia; in others, it has an unquestionable tendency to diminish the force and frequency of the uterine contractions. I know not what may have been the experience of others, but my own certainly is that in a large number of cases it has a very marked effect in diminishing the strength of the pains, and thereby very materially lengthening the continuance of the labour. Over and over again, when the administration of chloroform has been commenced, I have observed the character of the pains completely to alter, and again recover their

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former efficiency as soon as the inhalation was suspended. Besides this, I have no doubt that a very continuous use of chloroform during labour has a marked effect in predisposing to post-partum hemorrhage, inasmuch as the tendency to undue relaxation of the uterine fibres continues for a time after the birth of the child. Although I by no means intend by these remarks to advise you not to use chloroform during labour, I certainly do think that it ought to be given with a greater degree of caution, and perhaps more sparingly, than the recommendations in many of our text-books would lead you to believe to be needful. The susceptibility of patients to its action seems to vary much, and therefore it is all the more necessary that its effects should be carefully watched in each individual case, and the amount administered regulated accordingly.

"While, in my judgment, chloroform is apt to be too freely and incautiously used, the administration of chloral as a means of lessening the pains of labour is, I think, by no means as yet appreciated at its proper value. It has this immense advantage over chloroform, that it does not seem to diminish the strength and intensity of the pains, while it very markedly diminishes their painfulness. It has also another great recommendation, that it is chiefly applicable at a period when we would not think of administering chloroform—towards the termination of the first stage of labour, before the complete dilatation of the os, and when the sharp grinding pains perhaps produce more suffering and are less easily borne than the more forcing pains of a later stage. There is a type of labour very common, especially in women of a highly-developed nervous organization, such as constitute a large proportion of our patients among the higher classes, in which I have found it to be specially valuable. In these, before the rupture of the membranes and the complete dilatation of the cervix, the pains are very severe, but short and ineffective, chiefly limited to the back, and producing little or no effect in dilating the os. Hours and hours of really intense agony often elapse, until the patient is

wearied and exhausted by her fruitless sufferings. In cases such as these, a common and very useful practice has been to administer a considerable opiate, so as to produce some hours of refreshing sleep, after which we expect the labour to recommence with fresh vigour and effect. The disadvantage of this plan, however, is that during the action of the remedy the labour is suspended, and much time is thus lost. If, however, chloral is administered instead of the opiate ordinarily employed, the probabilities are that the same refreshing rest will be obtained without any suspension of the pains or protraction of the labour. The character of the uterine contractions will be observed to alter; they will become steady and useful, but they are not suspended. Another condition frequently associated with the former is rigidity and spasm of the cervix. Very generally in this class of cases the cervix is thin and rigid, with a sharp edge. Soon after the chloral has taken effect the tissues seem to relax, and I have not unfrequently observed a thin os, which had remained unaltered in character for many hours, dilate rapidly under the influence of the remedy, far more so than when chloroform is inhaled for this indication. It is not, however, only in cases of this kind, which may be classed among abnormal labours, that the use of the drug is of value, although it finds perhaps in them a more special application. It may, I think, be very generally and advantageously exhibited in perfectly natural labour, for the specific purpose of lessening the sufferings of the patient. When judiciously given the patient falls into a drowsy state, not quite asleep but nearly so. She is roused as a pain begins, but suffers comparatively little; and experienced women, who have the recollection of former labours to guide them, bear strong witness to the immense relief thus obtained. I have given the remedy in this way for the past two years in most cases I have attended, and I have no reason to think that any bad effects have followed its administration. I have very carefully watched the intensity of the contractions, and I have not the least ground for thinking that it has any effect

in diminishing either their frequency or their force.

"The way I give the drug is as follows: I order a six-ounce mixture, containing a drachm and a half of the hydrate of chloral. When the pains are becoming severe, and I deem it advisable to employ the anæsthetic, which is generally not until the first stage of labour is approaching completion, I give one-sixth part of the mixture—i. e., fifteen grains of chloral. This I repeat in about twenty minutes; and usually after the second dose enough has been taken to bring the patient sufficiently under the influence of the remedy. Its further administration must now be regulated by its effects. If the patient is drowsy and relieved, a third dose need not be given for three-quarters of an hour or an hour; and then half the quantity will probably suffice to keep the patient in a sufficiently comatose state. It is seldom necessary to give more than a third dose; and I have never given more than a drachm of chloral during the entire labour. In this way, lessening the quantity after the second dose, and increasing the intervals between their administration, a full and sufficient effect can usually be kept up for many hours. I feel certain that any who give this method a fair trial will appreciate its value.

"The exhibition of chloral in this way is no novelty. It has, I believe, been recommended more than once in our journals; but, so far as I know, it has never come into anything like general use as an anæsthetic. Bear in mind that it need not at all interfere with the exhibition of chloroform. When the pains get strong and forcing, that may be inhaled just as if chloral had not been given, only a smaller quantity will probably suffice. As our patients suffer less, they are also less urgent in their demands for the commencement of the chloroform inhalation; and thus there will be less likelihood of those evils I have mentioned to you being produced."—*Lancet*, Feb. 21, 1874.

Abstract of a Clinical Lecture on a Case of the Employment of the Caoutchouc Ligature. By FRANCIS J. B. QUINLAN, M.D., Physician to St. Vincent's Hospital, Dublin.

"The case under our consideration and lately under your observation, is that of Bridget G—, a healthy, well-nourished country woman, of plethoric temperament, aged twenty-seven years. Upon examining her, we found, at the upper part of the vulval opening, a large vascular tumour, of the size of a very large orange. This tumour was of several years' standing, and bore quite an exact resemblance to a small cauliflower. It was connected with the site of the clitoris by a pedicle resembling the stalk of that vegetable, which was topped with the arborescence of the tumour. From either side of the pedicle descended two hypertrophied labia minora, like enormous cockscombs. The case was evidently one of syphilitic hypertrophy—a diagnosis which was thoroughly confirmed by crops of condylomata around the anus and on the folds of the nates. The cauliflower tumour, which was divided into two portions by a fissure extending to the very root of the pedicle, was evidently the hypertrophied prepuce and frenum of the clitoris, and the peculiar arborescent appearance was attributable to the trabeculae of the erectile tissue in this part of the labia restraining the hypertrophy of the rest of the tissue, and, by binding it down in bundles, producing the arborescence. The condylomata and the local irritation being reduced by rest and appropriate treatment, the question arose as to the best and safest method of removing this disfiguring hypertrophied mass; and it struck me that the newly introduced elastic ligature would admirably act in the case of this most vascular growth, so liable to cause dangerous hemorrhage. Accordingly, on the 20th of December I ligatured the whole mass with a solid India-rubber cord two millimetres in thickness. I used this solid cord because the result of some previous experiments had satisfied me of the inadequacy of drainage-tube or any other variety of hollow caoutchouc tubing. The solid cord which I used is to be obtained at most India-rubber shops, the only difficulty being to procure it of sufficient thinness; when thicker than I have mentioned, it is unmanageable, especially for small growths. When drawn out to four

times its rest length, this cord is not more than half a millimetre in thickness, and the tension upon half a metre of it is 1280 grammes. It is thus admirably adapted for this gradual ligaturing and cutting process.

"Having etherized the patient, I tightly ligatured the whole mass, tying the knot by the ingenious plan, devised by Sir Henry Thompson, of the addition of a series of ordinary ligature knots of sewing silk to prevent the India-rubber knot slipping. Immediately the temperature of the tumour fell from 98.3° F. to 96.5°. After a few hours it rose again slightly, and the tumour became very tense. The temperature then fell again rapidly, and the sphacelating process steadily continued until the growth became destroyed.

"The pathological process thus occurring is plain, and it is in this that the great merit of the elastic ligature consists. When it is applied there is a brief interruption of all circulation, but quickly the arterial flow recovers itself, the venous system being still impeded. Great distension of all the capillaries naturally ensues, superinducing a condition of things resembling that which is the cause of varicose ulceration of the legs. The danger of the process (I speak solely from theoretical considerations) appears to be the presence of a mass of gangrenous organic matter immediately opposite a granulating and highly absorbent surface. For this reason in our recent case we kept outside the India-rubber ligature a loose skein of cotton yarn, about the same thickness as the ligature, and well soaked in carbolic oil. This was renewed three times a day, and a piece of lint kept well wetted with a permanganate solution prevented any offensive odour. On the third day it became evident that the ligature was no longer acting, and on examination it was found to be quite loose. You may remember the simple way in which this difficulty was combated. A slender rod of ivory, one millimetre in thickness, was passed through the ligature circle and twisted round a few times, in the manner in which a ready tourniquet is made from a handkerchief tied round a limb with a stick twisted through it. These ivory

rods can be had of various thicknesses in the shanks of ivory crochet-needles. Ivory is, I think, the best material, on account of its strength, lightness, smoothness, and rigidity; and by this simple means ligatural pressure can be kept up to the very last to any degree of tightness required. On the fifth day the mass dropped off, leaving a surface which healed up kindly; and, with some constitutional treatment for the syphilitic taint, the patient made a good recovery.

"I would particularly impress upon you that at the time of application, and while it is cutting through the skin, the ligature is painful. For this reason, just before the commencing, we injected hypodermically a quarter of a grain of acetate of morphia in the neighbourhood of the operation, a procedure which much assisted the anaesthesia, and reduced subsequent local pain, by keeping the patient throughout the whole day of the operation in a drowsy quiescent state."—*Lancet*, March 7, 1874.

HOSPITAL NOTES AND GLEANINGS.

New Operation for Cleft Palate.—In our No. for January last (p. 12), we gave a short notice of Sir Wm. Fergusson's new operation for cleft palate. The result of this mode of operating was not then ascertained, but in the No. of the *Lancet* for Feb. 28th last, we find the following report of four cases successfully treated, with some more minute details of the operation.

"The first steps of this operation are somewhat similar to the old operation for closing the cleft in the hard palate—namely, paring the edges of the cleft, and making an incision down to the bone parallel to, and about a quarter of an inch from, the edge of the cleft on either side, the point of the knife being carried back just as far as the junction between the hard and soft palate. Into these incisions a chisel half an inch broad is inserted, and its edge directed against the posterior margin of the hard palate and made to cut from behind forwards, thus partly detaching a slice of bone on each side, with the soft tissues and periosteum attached to their upper and lower surfaces. The result of this is that the sides of the

cleft fall easily together, leaving a small aperture through the bone on either side. One, two, or, if the fissure be long, three stitches are passed through the lateral clefts by means of an ordinary aneurism-needle, and thus encircle the detached portions of bone and soft tissue, each suture passing through into the nasal cavity. It should be noted that there is no tension on the flaps, the threads merely keeping the parts steadily in contact. The amount of pain and constitutional disturbance is much less marked in the patients that have been treated in this way than when the old operation of dissecting up the soft parts from the bone has been resorted to.

"From the liability of the flaps to twist in slightly, and from the thinness of the edge, Sir William Fergusson is careful to pare the sides somewhat obliquely, in order to present wider raw surfaces for adhesion. The sutures, which are kept in much longer than in the ordinary operation, cause no harmful irritation. The lateral clefts become filled up by new bone, which is rapidly thrown out and tends to keep the parts firmly united in the median line.

"The first case in which the operation was performed was that of a girl aged eighteen, whose soft palate had been closed two years ago, and whose hard palate had been operated on by the old method three times, but unsuccessfully, except that the gap was somewhat lessened in size. Before the operation by the above plan on Nov. 22d, 1873, the cleft was half an inch long and a quarter of an inch wide. Two sutures were introduced, and were removed in seven days. She was discharged at the end of the third week with firm union of the whole palate in the median line, and the lateral clefts closed.

"The second case was also that of a girl of eighteen. The soft palate was closed three years ago. Since then she has undergone two operations for the closure of the hard palate, with only partial success, by the old method. The cleft was oblong, three-quarters of an inch long, and three-eighths of an inch wide. At the operation on Nov. 22d two sutures

were passed. The stitches were removed a fortnight afterwards, when there was a slight chink in the middle. The edges were therefore freshened, and a stitch re-inserted. This was kept in fourteen days, and she was then discharged with a small pin-hole anteriorly.

"The third case was that of a boy, aged fifteen, previously successfully operated on for double harelip and cleft in soft palate. One unsuccessful operation, followed by erysipelas, had been performed on the hard palate by the old method. Cleft one inch long and one-third of an inch wide. Operation as above on January 24th, 1874. Three sutures were passed. Union has taken place except at the posterior part, where there is a small hole which is slowly contracting.

"The fourth case is that of a boy of fourteen, whose soft palate was closed in May, 1873. Last November the hard palate was operated on by the old method, and the cleft somewhat lessened in size. Before operation on the 7th inst. there was a narrow fissure about half an inch long. The bone in this case was rather difficult to cut. The patient has so far gone on well."

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Acute Articular Rheumatism treated by Acids.—In recently making some comments at Guy's Hospital on the treatment of acute rheumatism, Dr. WILKS expressed a considerable distrust of the ordinary methods. He remarked that we do not yet possess an accurate knowledge of the essential cause of the disease, nor of the mode of its operation. We are, in fact, ignorant of the natural history of the disease. Medical practitioners are too apt to be credulous in matters of therapeutics, and are not sufficiently careful always to differentiate between effects and coincidences. Usually, for instance, the diagnosis of acute articular rheumatism is regarded as a sure and certain indication for the exhibition of alkaline remedies, and these remedies are persisted in in every condition or modification of the disease, without the slightest evidence of a beneficial influence resulting therefrom. Nay, it

frequently happens that the more severe the disease the stronger does the belief in the particular remedy become, and medical men not uncommonly allege in support of the efficacy of the treatment that the complications were of the most serious nature. If the patient recover after having had severe heart disease or symptoms referable to an affection of the nervous system, it is regarded as proof positive of the value of the remedy. Whereas we can not only not be certain that recovery did take place as a result of the treatment, but that it did not occur in spite of the vaunted remedies. On the other hand, some have asserted that there is no known cure for acute rheumatism, and that mint-water will answer every purpose. This is Dr. Wilks's opinion, and it was merely to strengthen this view that he gave mineral acids in the subjoined case, never supposing that they would do good or harm. Dr. Wilks maintains that, until we know everything concerning the disease, and especially the relation between the joint affection and the internal complications, we have no scientific basis for the selection of remedies. It is even doubtful whether the subsidence of the arthritic inflammation during the course of the disease is desirable, for in all fatal forms of rheumatism this is usually seen to occur. It may be remarked, however, that sometimes, in cases of internal complication, it does seem as if large doses of potash or of quinia have some influence in arresting the disease. In several cases treated by quinia Dr. Wilks has noticed the urine to become alkaline on recovery, as if this were the natural process of cure; as is seen also in typhoid fever. The same thing occurred in the present case.

G. W—, a well-nourished man, aged thirty-five, was admitted on January 14. A week before this he began to suffer pain in the hip-joints; subsequently both knees, and the right shoulder, wrist, and hand were affected. The pain in the joints was preceded by a feeling of coldness, but there was no actual rigor.

On admission the left knee was swollen from the presence of fluid within the joint. The right hand also was swollen and painful. A systolic bruit could be distinctly

heard over the base of the heart, and extending a short way along the aorta. A venous hum was audible at the root of the neck. Perspiration was acid; temperature 101°; pulse 96; respiration 24. Tongue moist and covered with a white fur. The urine was acid, and contained a large quantity of lithates.

Ordered fifteen drops of dilute nitro-hydrochloric acid every four hours, and a diet to consist of milk, bread, and beef-tea.

January 16. Temperature 101.8°.

19th. Joints previously affected are better, but the right hand and both knees are still painful. Systolic basic bruit still very loud.

20th. Temperature 102.8°. Perspires freely.

23d. Hands and knees almost well. Temperature 101.2°.

28th. None of the joints are swollen, but some feel stiff and sore. Bruit hardly audible. Urine alkaline.

February 2. Bruit almost entirely gone. The patient is convalescent.—*Lancet*, Feb. 14, 1874.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Disappearance of Fibroid Tumour under the Administration of Chloride of Ammonium.—Dr. F. W. HATCH relates (*Pacific Med. and Surg. Journ.*, Nov. 1873) the case of a woman *æt.* 39, who had a tumour in the abdomen, "extending from the pelvis upwards and to the left side, above the umbilicus," and with neuralgia in the supra-orbital and temporal regions of one side. For the latter affection chloride of ammonium was given to the extent of 60 to 80 grains daily in divided doses. The relief to the neuralgia was very marked and at the same time the abdominal tumour which Dr. H. regarded as a uterine fibroid diminished, and before the end of the year had disappeared.

Ligature of Arteries as a Preventive of Destructive Inflammation following Wounds of Joints and Arteries.—Dr. D. C. JONES relates (*Kansas City Med. Journ.*, Jan. 1874) two successful cases which came

under his notice during his service in the U. S. A.

"After the battle of Sabine Cross Roads, La., the wounded were removed to Grand Ecore, La., a distance of about fifty miles. Many of the wounded suffered from the most violent and uncontrollable inflammation from gunshot wounds of both the upper and lower extremities, which resisted all ordinary measures of treatment. Suppuration in many cases had ceased, and in its place a bloody water was discharged from the openings and abrasions; the swelling in some was immense. Two of the above cases came under my charge. Both were subjects of arterial lesion of the lower extremities, the arteries wounded being the anterior and posterior tibial, two inches above the middle of the leg. Mr. Guthrie's plan of ligation was first adopted, but on the 7th and 11th days secondary hemorrhage ensued, and owing to the extreme tumefaction of the limbs, extending above the knee in both cases, and in one a few small patches of incipient gangrene being detected on the foot, I resolved to make an experimental effort to save the limbs by cutting off the arterial supply of blood, by ligating the femoral artery near the apex of Scarpa's triangle.

"The operation was performed with but little difficulty, and the hemorrhage ceased at once in both cases; the swelling began to decline within twelve hours, and on the fourth day the limbs were nearly of their natural size; the discharge had changed from bloody water to healthy pus.

"One case recovered rapidly, the other slowly, on account of the sloughing out of the gangrenous patches which had shown themselves previous to the application of the ligature; these surfaces, however, granulated healthily and cicatrized firmly, though the suppuration was profuse and long continued."

Hospital of the University of Pennsylvania.—This well-arranged hospital is rapidly approaching completion, and the following appointments have been made in the staff:—

D. Hayes Agnew, M.D., Prof. of Clinical Surgery. John Neill, M.D., Associate

Prof. of Clinical Surgery. Wm. Pepper, M.D., Prof. of Clinical Medicine. Wm. Goodell, M.D., Prof. of Clinical Obstetrics. Wm. F. Norris, M.D., Prof. of Ophthalmology. Geo. Strawbridge, M.D., Prof. of Otology.

Medical Graduates in 1874.—

University of Pennsylvania . . .	121
Jefferson Medical College (Phila.) .	151
College of Physicians and Surgeons, New York	84
Bellevue Hospital Medical College .	181
College of Physicians and Surgeons, Baltimore	26
Medical College of Ohio	87
Medical Department of the University of Louisville	123
Cincinnati College of Medicine and Surgery	22
Chicago Medical College	44
College of Physicians and Surgeons of Syracuse, N. Y.	9
Medical College of the Pacific . . .	12
Medical Department of the University of California	8

Alumni Association of the Medical Department of the University of Pennsylvania.

—This Society celebrated its anniversary on the 11th of March, at the New University Buildings, at Thirty-fourth and Locust Streets. The members assembled in the Chapel of the Department of Arts, whence they proceeded to the new medical department building now rapidly approaching completion, and then to the new hospital of the University, the main building and one wing of which are now nearly completed. A full description of the plan of each of these buildings was given in the number of this Journal for August last.

From the report of the executive committee we learn that the general fund for the hospital consists of \$550,000 with \$11,261 from Alumni fund, making a total of \$561,261.

The following officers of the Society were elected for the ensuing year: President, George B. Wood, M.D.; Vice Presidents, Drs. Jos. Carson, George W. Norris, Isaac Hays, and Meredith Clymer; Corresponding Secretary, Dr. R. A. Cleghorn.

man; Recording Secretary, Dr. Horace Y. Evans; Treasurer, Prof. R. E. Rogers.

Executive Committee—Drs. Hiram Corson, Richard Cooper, Edward Hartshorne, William Hunt, Andrew Nebinger, John H. Packard, H. Lenox Hodge, James H. Hutchinson, James Tyson, William Pepper, W. R. Dunton, S. S. Stryker, William F. Norris, Thomas J. Yarrow, J. B. Howard Gittings, Charles D. Nancrede, Louis Starr, Jerome Longenecker, C. K. T. Miller, Frank C. Hand.

Orator—Cornelius G. Comegys, M.D., of Cincinnati, Ohio.

The annual oration was then delivered by Dr. Claudius H. Mastin, of Mobile, Alabama, after which the annual collation was partaken of in the lower hall.

Harvard Medical School.—We are glad to learn from the *Boston Med. and Surg. Journ.* (Feb. 5th), that the plan of instruction adopted three years ago is proving, as it deserves to, a complete success.

Prescription Blank Book.—THE CASE-RECORD COMPANY of Cincinnati has issued a very handy and convenient pocket blank book, for the "busy practitioner." It has on each page a prescription blank with a margin like a check book, for copy of prescription and patient's name and symptoms.

An office edition has also been published containing three blanks, with margins, on each page.

FOREIGN INTELLIGENCE.

Bromide of Potassium in the Treatment of Epilepsy.—Dr. THOMAS HAYDEN, in a paper on this subject, read before the Med. Soc. College of Phys. (Ireland), related three cases of epilepsy treated by the above article, and made the following remarks in regard to them:—

"None of these cases would warrant the assertion that a cure of epilepsy had been effected, although in all three the condition of the patient has been greatly ameliorated, and in two of them, after an interval of three and six months respectively, there has been no return of the

fits, whereas, previously to treatment, they were in one case of monthly, and in the other of fortnightly recurrence. Some examples of alleged permanent cure have been recorded, but in none of them had sufficient time elapsed after the suspension of treatment, to warrant their being so regarded. So much granted, it is, nevertheless, quite indisputable that bromide of potassium is capable of controlling epilepsy in a marvellous manner, considering the hitherto intractable character of that disease. Through its agency the fits are mitigated in severity, the interval between them is protracted, and the nutrition of the nerve-centres is promoted, as judged by the improvement of memory, and of self-confidence, and the cessation of muscular tremor on the part of the patient.

"Drs. Anstie and Jackson are of opinion that its efficacy is limited to a reduction in the number of the fits, and a mitigation of their severity; with the exception of a single case observed by Dr. Anstie, they have not witnessed an example of cure, in the sense of long absence of well-pronounced fits, without the continued use of the medicine at short intervals.

"This is likewise my experience; but surely, even if no more can be claimed for the bromide than this, it will not be argued that in the treatment of so formidable a disease as epilepsy, the inconvenience arising from the occasional use of a medicinal agent by which it can be controlled, and, with more or less of certainty, averted, is a penalty in excess of the advantage gained."

Dr. H. rarely exceeds 30 grs. thrice daily for the dose of the bromide, as he thinks that the full effect of the remedy may be obtained without exceeding that quantity.—*Dublin Journ. Med. Sci.*, Feb. 1874.

Injection of Chloral in Tetanus.—M. BOUILLAUD, on the part of M. Oré, a professor of the Bordeaux Medical School, related a case to the Académie des Sciences, February 16, in which chloral had been injected into the veins as a remedy in traumatic tetanus. A man after a wound of his finger became the subject of tetanus,

in consequence of which his mouth became so closed that no remedy could be administered. M. Oré therefore threw an injection containing ten grammes of chloral into the veins, which produced peaceful sleep; and this was followed by a second and third injection, with the effect of obtaining a sleep of eight hours.—*Med. Times and Gazette*, Feb. 28, 1874, from *L'Institut*, Feb. 18.

Sciatica Promptly Cured by Croton Chloral Hydrate.—Dr. R. W. FALCONER, of Bath, relates (*Brit. Med. Journ.*, Feb. 28) the following case:—

"A lady, æt. 50, of rheumatic diathesis, was suddenly seized with sciatica. The pain was most severe. Two grains of croton chloral hydrate, with enough extractum anthemidis to make a pill, were given. Half an hour after taking the pill, the pain had ceased; there was a very slight return afterwards. With the beneficial effect of the croton chloral hydrate, there was 'some confusion of head, and near objects appeared distant.' She had no pain the following day until the evening; then a sharp attack occurred. Half a pill was given at once, and in twenty-five minutes the pain was gone. She had 'slight confusion of head; no alteration of vision.' There has been no recurrence of sciatica since. The first attack occurred fourteen days ago."

Chloral Hydrate and Camphor as a Local Application in Neuralgia.—It is stated that the intimate mixture of equal parts of chloral hydrate and camphor will produce a clear fluid which is of the greatest value as a local application in neuralgia. Mr. LENOX BAOWNE relates (*Brit. Med. Journ.*, March 7, 1874) that he has employed it and induced professional friends to do so, and that in every case it afforded great, and in some instantaneous relief. "Its success does not appear," he says, "to be at all dependent on the nerve affected, it being equally efficacious in neuralgia of the sciatic as of the trigeminus. I have found it of the greatest service in neuralgia of the larynx, and in relieving spasmodic cough of a nervous or hysterical character." It is only necessary to paint

the mixture lightly over the painful part, and to allow it to dry. It never blisters, though it may occasion a tingling sensation of the skin. He has found it also an excellent application for toothache.

Aquapuncture in the Treatment of Neuralgia.—Dr. SIRENEY has employed aquapuncture for the last three years, for the relief of sciatic, intercostal, and ileo-lumbar neuralgia, and has always found it to produce considerable relief and sometimes a cure by a single application. The process of aquapuncture consists in forcibly projecting with a particular apparatus an extremely fine jet of water upon a point of the skin. This produces at the spot a small raised blister with a minute orifice at its summit, from which flows a fluid colourless or sometimes tinged with blood. After a few hours the blister falls and the following day a small dark scab is found in its place.—*L'Union Med.*, March 3, 1874, from *Bull. de Thérap.*

Recurrent Glossitis.—Mr. A. M. WARD read before the Surgical Society of Ireland, the history of the case of a lady, upwards of 70 years of age, who had been the subject of six successive attacks of glossitis. Having remarked that, so far as he was aware, no case in which inflammation had attacked the tongue more than once had been recorded, Mr. Ward referred to the writings of early and modern surgeons on glossitis. The patient had her first attack in May 1867, without any apparent cause. She had three similar attacks in the same year; each attack apparently exceeding in severity the preceding one. She was treated in the usual manner, viz., by scarification of the tongue, etc., in these attacks, all of which were rapidly recovered from. She had no attack from Nov. 1867 until June 1869, at which time she came under Mr. Ward's care with an attack precisely similar to those she had had previously, and which was immediately relieved by precisely similar treatment. The swelling was entirely confined to the left side of the tongue. The following month, July, she had another similar attack, the convalescence from which was somewhat more

tardy than from the former ones. It was now suggested by Dr. Quinan, who saw the case, that the glossitis might be due to a set of false teeth which the lady wore. She was induced to give up wearing them, and had no further return of the attacks to which she had been so subject. For a long time prior to her death, she suffered from a profuse salivation, without any apparent cause, and had several attacks of lumbago—a complaint which she had not been previously subject to. Mr. Ward called attention to the following points of interest in the case: (1) The frequency of the attacks; (2) their suddenness of access, without any premonitory febrile or constitutional disturbance; (3) the termination of all the attacks in resolution; (4) the rapidity of convalescence after local abstraction of blood; (5) the possibility of the attacks having been due to the wearing of false teeth; (6) the limitation of the swelling to the left half of the tongue; and (7) the absence of all local ill effects.

Dr. H. Kennedy suggested that gout might have been the cause of the glossitis in the case Mr. Ward had detailed. He (Dr. Kennedy) had also seen two cases of glossitis occurring in connection with urticaria.—*Irish Hospital Gaz.*, March 2, 1874.

Arrest of Hemorrhage by Flexion.—At the meeting of the Berlin Medical Society, January 9, Dr. ADELMANN read a paper on "Protracted Flexion as a Means of Arresting Arterial Hemorrhage." He stated that after the account of the success obtained in England and Ireland in the treatment of aneurism of the limbs by flexion, he had taken great pains in ascertaining how far advantage would result in the employment of the same means in the treatment of bleeding from wounded arteries. The results of his investigations made in the Dorpat Surgical Clinic were published in Langenbeck's *Archiv* in 1869. Up to the present time he has cognizance of nineteen cases so treated—eleven being cases of his own, and the others occurring in the practice of other surgeons, most of them his own former pupils. In one of these no result was obtained, as the

patient could not support the flexion, but in all the rest recovery took place. The wounds implicated the ulnar, the radial, the interosseous arteries, the palmar arch, the dorsalis pedis, the plantar, and the tibialis postica. The duration of the flexion varied much in different cases,—this being continued in one case to the eighteenth day without the patient suffering any considerable uneasiness. It is useful, when readjusting the apparatus, to change the angle by one or two degrees. The case reported by Von Burow, of gangrene of the hand following this procedure, says nothing against it, inasmuch as direct pressure was also employed. In none of Dr. Adelmann's cases has he met with even a trace of any such occurrence. In answer to a question whether this long continued flexion did not cause inconveniences by reason of the venous stasis it gave rise to, Dr. Adelmann replied that frequently there were all the signs of an obstructed circulation, but according to his experience after about twenty-four hours the compensatory circulation became established. To another question as to the duration of the flexion, he replied that we must in determining this proceed very cautiously, and not discontinue flexion until granulations have formed; yet he has been able to discontinue it after the third day without any hemorrhage occurring. He also observed that as physiology has not determined what are the changes which take place in the circulation in consequence of this angularization of the vessels, forced flexion can only at present be employed as an empirical remedy. He hopes that before long experimental investigations will be undertaken on animals, in order that we may be able to establish the practice of flexion in man upon a scientific basis.—*Med. Times and Gazette*, March 7, 1874.

Ligation of Left Subclavian Artery.—A case of this is reported in *The Canada Lancet* (Oct. 1, 1873). The subject of it was a man æt. 35, who while drunk and lying with his arms across a rail had both crushed by a passing train, requiring amputation of the right arm in the middle-

third of the forearm, and the left at the shoulder-joint. Secondary hemorrhage occurred several times from the latter, and other measures having failed to entirely restrain the bleeding, Dr. CLARK ligated the subclavian. The patient made a favourable recovery.

Tuberculosis of the Choroid.—Dr. COURLAND exhibited to the Pathological Society of London (*Lancet*, Feb. 28, 1874), a specimen of tuberculosis of the choroid from a child aged eight years, who died of tubercular meningitis three days after admission into Middlesex Hospital. On using the ophthalmoscope, the optic disks were seen to be normal, but there were seen scattered among the vessels a number of yellow flakes varying in size; they appeared to have no relation with the choroidal and retinal vessels. At the autopsy there was marked tubercular meningitis; the lungs and spleen were studded with miliary tubercles. The posterior two-thirds of the eyeballs were removed; the retina was intact, and a number of yellow spots were seen through it; on removing it, a number of small nodules, about twenty in each eye, were found. These were made up of round nucleated cells. The centre of the older nodules was breaking down. The tubercles were now seen to be round the vessels in the sheaths, and the case bore out Cohnheim's views on the anatomy of tubercle. Only one case of this kind had been reported six years ago by Mr. Soelberg Wells. Tubercle of the choroid is rare, but Cohnheim said it occurred in all cases of miliary tubercle.

Operations for Cataract.—Dr. CARL SCHWAIGHOFER, Assistant Physician, Imperial General Hospital, Vienna, writes to the *Irish Hospital Gazette* (March 2), that "there were 363 cases of cataract (284 men, and 129 women) admitted into that hospital. In 207 of these, Graefe's linear extraction was performed, with the following results: Cured, 189; improved, 18; not cured 4; one died. A new operation, introduced by Weber, was at the same time tried in Prof. Arlt's *clinique*. The results attained by it,

although good, are not quite so satisfactory as the above. They are as follows: Of 78 patients who underwent the operation, 68 were cured, 6 improved, 3 not cured, and 1 died of pneumonia. (Dr. Bergmeister informs me that the want of the proper instruments was a frequent cause of the non-success of Weber's operation.)

Ovariectomy in Hospitals.—The annual report of the Samaritan Hospital includes a proposition for preparing a separate house for ovariectomy cases, and it states the following grounds for that conclusion. "The operation called ovariectomy is acknowledged to be one of the most hazardous, critical, and trying the surgeon can have to encounter; while the patients are highly sensitive to the influence of any impurity in the air of the room, and immediately suffer from any want of scrupulous cleanliness. In the Samaritan Hospital, every such patient, after operation, is kept in a ward by herself till the result is known, and is then moved into a convalescent ward. General hospitals, as at present constructed, are certainly not fitted for such cases as these; the rate of mortality in them is seventy-six per cent. as compared with twenty-one per cent. in the Samaritan Hospital. This comparison is enough to warrant the adoption, as completely as possible, of the system of isolation contended for. The ovarian cases come chiefly under the care of the surgeon, who states, as his decided conviction, that a system of isolation more complete would be followed by still better results; and there are abundant reasons for thinking he is right." The report states that hitherto the hospital has been altogether free from hospital plagues, and it ascribes this immunity to good sanitary conditions. —*Brit. Med. Journ.*, March 7, 1874.

Blue Otorrhœa.—Dr. E. TAUFAL draws the following conclusions:—

1. In otorrhœa, as in wounds, "blue pus" occurs, the dressing being coloured deep blue.
2. It has the reaction of litmus.
3. Quantities of *bacteria Termo* are found.
4. This blue suppuration can be artificially transferred to other indi-

viduals suffering with otorrhœa. 5. In all cases it disappeared spontaneously. 6. In one, after its disappearance, aspergillus was found in the meatus.—*Brit. and For. Med.-Chir. Rev.*, Jan. 1874, from *Archiv. Ohrenheilk.*, Bd. vi.

Monstrosity.—Dr. BALLE presented the other day to the *Faculté de Médecine*, a young girl aged fourteen, named *Blanche Dumas*, from Issoudun, whose body, from the waist downwards, is double—the two parts acting independently of each other. The two legs she uses for walking belong each to a different trunk, while a third one is quite insensible to pain. Her health is good.—*Lancet*, March 7, 1874.

Chloral Hydrate as Preservative of Animal Matters.—M. PERSONNE, in a communication made to the Academy of Medicine (Feb. 10th, 1874), stated that some experiments which he had made on the action of chloral on albuminoid matters, had suggested to him that chloral might afford a means of preserving animal matter from decomposition. He exhibited a guinea pig which he had injected with a solution of hydrate of chloral in the latter part of October, 1873, and which had since shown no sign of alteration. A dog injected eight weeks before was equally well preserved.—*L'Union Médicale*, Feb. 12, 1874.

M. HIRON, interne of the Paris Hospitals, claims the merit of having first discovered this antiseptic property of chloral, the announcement of which he deposited in a sealed packet, with the Academy of Medicine, Jan. 21, 1873. The packet was by his request opened on the 17 Feb. 1874.—*L'Union Médicale*, Feb. 12 and 17, 1874.

Dr. B. W. RICHARDSON, of London, however, made the discovery before either of the above claimants.

Dr. W. W. KEEN, in a paper read before the Pathological Society of Philadelphia (*Phila. Med. Times*, March 21), relates a number of experiments which he had recently tried with chloral as an antiseptic for anatomical and pathological objects, and with very satisfactory results. He

has also tried the chloral as a surgical application in some cases with good results, in others the reverse.

The Danger of Badly-made and Old Catheters.—This apparently trite matter is the subject of an important paper by M. DEMARQUAT, from which we extract the following conclusions:—

"In many cases patients using catheters break off pieces in their bladders, and such accidents are dangerous and troublesome. The fracture is due, in some cases, to bad manufacture; in others to the age of the instrument. Nearly all Parisian instruments are liable to become brittle by age. Also special conditions of the patient render catheters liable to break. These conditions may be either in bladder or urethra. If a catheter has been left long in a bladder which contains pus, it sometimes will be found to have the point altered and brittle, but this is not invariable; nor does it seem to depend on the quantity of the pus in the urine. What causes the difference? Ammoniacal urine does so; but there are special conditions of inflammation which still require study in this point of view. Well-made instruments, and especially those made of vulcanized India-rubber, alter more slowly; but even they do alter in time. The changes are of two kinds. In some the varnish comes off, and the substance of which this instrument is made comes to pieces, and some layers of it may even fall into the bladder; or the roughened instrument may become coated with calcareous deposit, become rough, and cause much suffering on its removal.

"In other cases a catheter may, after some days, or even some hours only, in the bladder, be removed greatly altered; not so much in the part which had been in the bladder as in that which was in the urethra. I lately saw this occur after only twelve hours, in a patient who had stricture of the urethra. From his case I made out—1st, That the alteration in the instrument was proportioned to the amount of inflammation in the canal, and to the alkalinity of its secretions; and, 2d, that the better the instruments were made the less change took place. Great

differences exist in the manufacture of instruments." After a careful description of the methods of manufacturing good and bad instruments respectively, M. Demarquay points out that bad ones can be made more cheaply than good ones; and that, consequently, large numbers of dangerous instruments are made and exported. He suggests that instrument-makers should be inspected as well as druggists, and equally punished for selling dangerous instruments. In a word, in acid or neutral urine, even ordinary instruments are not liable to change, but in alkaline urine, and in proportion to the degree of its alkalinity, they do alter sooner or later, according to the quality.—*Ed. Med. Journ.*, Nov. 1873, from *La France Médicale*, No. 28, 1873.

Expert Testimony.—We have had some remarkable, if not even criminal, specimens of expert evidence in this country, and it appears from a late case which has excited much professional indignation that they are not behind us in this respect in England. We extract the following statement from the *Brit. Med. Journ.* for Jan. 17, 1874. "Mrs. Gulliver was a woman aged 70, of spare habit, and enfeebled by poorness of diet. She had frequent fainting attacks; in her own written words—'I often go faint, and feel very queer.' She had been ill for two days prior to her death with a bilious attack; she had eaten heartily of stale pork-pie on Friday, and uncooked apples on the day before her death; and, having passed a very restless night, on the next day (Saturday) she complained of pain at the chest, with sickness, and vomited bile mixed with undigested apples. After the sickness was over, feeling exhausted, she wanted sleep. Her cough was troublesome, and she took freely of cough-lozenges, as to which she remarked that they always relieved her cough when troublesome, and gave her a good night's sleep. Her medical man, Mr. Walker of Crick, was sent for. He examined her heart, and found it diseased, and he sent her a little medicine (spirit of lavender and Hoffman's anodyne), and found her so feeble that he advised that

her friends should be sent for. When her friends came, the sitting up and excitement brought on some vomiting again, which presently ceased, and did not recur. Mrs. Waters and Mrs. Watts sat up with her during the night, Mrs. Waters, as the evidence showed, never having been alone with her during the night. The doctor came early on Sunday morning, and gave a favourable report. She ate a good breakfast of tea and toast, and afterwards asked Mrs. Waters to sit and read to her; then asked for something out of a private drawer, which was found to be locked, and the key taken away by Mrs. Watts. She was excited, and then complained of feeling very faint. Mrs. Waters immediately saturated a handkerchief with eau de Cologne, and spread it about the bed. Mrs. Gulliver complained of the room being close; and the window was opened to let in fresh air. She revived, and drank a glass of sherry and ate some toast. A chapter from the Bible was being read by Mrs. Waters, and Mrs. Gulliver was repeating after her, when she suddenly stopped and fainted, and the servant was called, all the windows were thrown open to get a current of air, and the doctor was sent for. Some sherry was poured into her mouth, which she swallowed; but she did not afterwards speak; and when the doctor arrived, life was extinct.

"At the inquest, Mr. Walker, her medical attendant, testified that, when called to Mrs. Gulliver on Saturday, he found her suffering from sickness, and ascertained, by stethoscopic examination, disease of the heart. She answered questions rationally, but seemed drowsy, 'answering questions with her eyes half-open.' She died suddenly next day, and he gave a certificate expressing his belief that she died from valvular disease of the heart. At the *post-mortem* examination, he found all the organs healthy, except the heart, which was in a state of advanced fatty degeneration, with its walls much thinned, and one kidney, which contained a calculus. The vessels of the brain were not at all injected, and he found no other abnormal appearance. He added, in his evidence, that he found 'a high tempera-

ture of the body after death.' Dr. Buszard, of Northampton, who assisted at the *post-mortem* examination (after examination), corroborated Mr. Walker's statement of the anatomical appearances. Mr. J. D. Rodgers, lecturer on toxicology at the London Hospital, testified that he had examined the stomach and its contents, the heart, and the kidneys; that in the stomach and its contents only he found minute traces of morphia, which were not weighable, and certainly not sufficient to cause death. With the state of heart described, he would have expected Mrs. Gulliver to have had fainting attacks, and at any time a fatal syncope. When asked, however, whether he thought that Mrs. Guilliver's death arose from syncope, he said, 'No, certainly not syncope. Mr. Walker tells me that there was a high temperature after death; and that would negative the idea that she died from syncope. Further, I would state that, in consequence of this high temperature, I am of opinion that she died from some volatile noxious substance given to her immediately prior to death, but which I am unable to detect.' Upon that evidence, a verdict was found that Mrs. Gulliver died from poison, but by whom administered there was no evidence to show; and then a warrant was made out for the apprehension of Mrs. Waters, who had been one of the persons in attendance on Mrs. Gulliver during her last illness. Mrs. Waters, who had been in a private room adjoining, on hearing this intelligence, took poison; and a jury, subsequently impanelled on the body of this unhappy victim of an overwhelming blow, enough to overturn a well-balanced mind, returned a verdict of *felo de se*, necessitating her burial 'without clergy' within three hours, the service being read by her husband.

"Two more monstrous verdicts were, we believe, never delivered. The inference that an elevated temperature after death—which, by the bye, was only a vague statement—was evidence that death had been caused by some volatile poison is too absurd to require serious consideration."

Drink and Health.—The article in *Good Words* (for Feb.), written by the Rev.

CANON KINGSLEY, with the quaint title "The Tree of Knowledge," is one well deserving the attention of every medical man and sanitarian. In his characteristic way the writer casts aside the conventional opinions of the period, and the fruitless talk about the evils of drunkenness, and the much-bepraised remedy of total abstinence. He is ready to admit that drunkenness is on the increase in this island, because he finds its causes on the increase—"overwork of body and mind; circumstances which depress health; temptation to drink, and drink again, at every corner of the streets; and finally, money, and ever more money in the hands of uneducated people, who have not the desire, and too often not the means of spending it in any save the lowest pleasures." In these circumstances does he find the true causes of drunkenness, and draws the important general inference that "the craving for drink and narcotics, especially that engendered in our great cities, is not a disease, but a symptom of disease—of a far deeper disease than any which drunkenness can produce; namely, of the growing degeneracy of a population, striving in vain by stimulants and narcotics to fight against those slow poisons with which our greedy barbarism, miscalled civilisation, has surrounded them from the cradle to the grave." The conditions of life of too many of our working classes are such as depress vitality, and are not counteracted in their effects by the good food and ample wages most of those classes can now command. These people in their mental and moral condition are unhappily in harmony with the wretchedness around them. They know no recreation beyond low animal pleasure; they drink for the brutalizing excitement to be got from their liquors, to drive away care, and often simply to drive away dulness. "But if the craving for stimulants and narcotics is a token of deficient vitality, then the deadliest foe of that craving and all its miserable results is surely the sanitary reformer; the man who preaches, and, as far as ignorance and vested interests will allow him, procures for the masses pure air, pure sunlight, pure water, pure dwelling-houses, pure food. Not merely every

fresh drinking-fountain, but every fresh public bath and washhouse, every fresh open space, every fresh growing tree, every fresh open window, every fresh flower in that window—each of these is so much, as the old Persians would have said, conquered for Ormuzd, the god of light and life, out of the dominion of Ahriman, the king of darkness and death; so much taken from the causes of drunkenness and disease, and added to the causes of sobriety and health." Much else breathing eloquence and truth may be read in the article from which we have quoted, and may be pondered upon advantageously by those who fain would coerce their fellow-men to become sober and religious, or work out their reformation by preaching and "spiritual exercises."

—*Med. Times and Gazette*, March 7, 1874.

Recent Experiences of Spiritualism.—Let our reader peruse the recent experiences of *Spiritualism* recorded in the *Fortnightly* and *New Quarterly Magazine*, for the narratives are well calculated to dispel all illusions about the mystery or power of the forces manifested in the phenomena of our modern spiritualism. The Socrates of the spirit-world, according to one medium, had a straight Grecian nose, among his other characteristics. As some doubt existed as to his identity, Viscount Amberley suggested that he should prove it by speaking in Greek, which had the effect of immediately stopping the mouth of that otherwise loquacious philosopher. Another medium, gifted with intuitive powers of discovering and healing maladies, found distinct evidences of a disease that the Viscount had never had, and of an operation he had never suffered. On the extraordinary credulity of the spiritualists and that of the mediums, so well pointed out by Viscount Amberley, we need not dwell. Mr. William Hipp has also recounted in the *Echo* his experience of a *stance*, with the celebrated Miss Cook as a medium. Among other manifestations the time arrived for the spirits to sprinkle the guests with water, a tumbler having been placed on the table for that purpose. The room was darkened and expectation was on tiptoe, but the sceptical Mr. Hipp grasped the tumbler, and

in a few seconds clutched the hand that was dipped into it. As he had caught a spirit a light was procured, and a striking tableau presented itself. The spirit-hand had an arm of flesh, which formed part of Miss Cook's body. The censure and ignominy, he adds, that he brought on himself was only counterbalanced by the satisfaction he felt in having at last caught a spirit. Scientific men are invited to investigate the phenomena of spiritualism, and their refusal to do so is regarded as the result of a narrow-minded prejudice; but we agree with the editor of the *New Quarterly Magazine* when he says that the existence of delusion, and the manner of it being once explained, the subject ceases to possess any interest for educated and intelligent people. Discussion of such a topic affords neither instruction nor entertainment.

Obstetrical Society of London.—This Society, at a large special meeting held on the 4th of March, decided, with but a single dissenting voice, against the admission of women to Fellowship in the Society.

Sir George Burrows, Bart.—The honour of a baronetcy has been conferred on Dr. BURROWS, President of the Royal College of Physicians, and Physician Extraordinary to the Queen.

OBITUARY RECORD.—Died, at Brighton, on the 3d of March, FORBES WINSLOW, M.D., after a few days' illness, of bronchitis and pneumonia, in the 64th year of his age. Dr. W.'s name has been long associated with psychological medicine. He established the *Quarterly Journal of Psychological Medicine*, and conducted it for seventeen years, only giving it up when professional engagements became too pressing.

—In London, March 2d, NEIL ARNOTT, M.D., F.R.S., generally known through his admirable popular work on physics. He was also the inventor of "the water bed," and various other useful mechanical contrivances. For many years Dr. Arnott had given up medical practice in order to devote himself to scientific subjects.

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suggestions add largely to the interest attaching to its technical details.—*Chicago Med. Examiner*, March 1, 1874.

We would suppose that such a work would be in demand by all students, and by all those desiring to qualify themselves to operate in surgery. Every region is briefly and accurately described, and instructions given as to surgical operations in the part.—*Cincinnati Med. News*, March, 1874.

Hitherto there has been no handbook by any English teacher on surgical—or, as Mr. Bellamy terms it—"Applied Anatomy." The anatomical descriptions are, as might be expected from the author's experience as a teacher of anatomy, reliable and good. On the whole, the book is a very creditable performance, and we cordially congratulate Mr. Bellamy upon having produced it.—*London Med. Times and Gaz.*, Dec. 27, 1873.

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So far superior to any offered to students, that the colleges of this country should recommend it to their respective classes.—*N. O. Med. and Surg. Journ.*, March, 1874.

It is thoroughly, and we might almost say, intensely, practical throughout. By the aid of its numerous genuine illustrations, the text is rendered comprehensible, almost at a glance. The order of the exposition of the varied topics com-

ing under review is admirable; and while we regret the necessity felt by the able author of keeping the volume within such modest limits, it is due to him to state that we have rarely seen so much positive instruction concentrated in clear, as well as in concise, form, in so small a book. It is most cordially and conscientiously recommended to all medical students, whether they have or have not as yet gained their M.D.—*Chicago Med. Journal*, Jan. 1874.

Of the many guide-books on Medical Diagnosis claiming to be written for the special instruction of students, this is the best.—*Am. Journ. of Syphilography*, Jan. 1874.

We do not know a better little book on the subject of Medical Diagnosis than the one before us. Explanations of difficult points are given in the simplest manner possible, and technical language only used where it was not possible to avoid it. We commend the book to the beginner, as well as to the practitioner whose mind needs refreshing upon the leading facts in medical diagnosis.—*Nashville Med. and Surg. Journ.*, Jan. 1874.

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The work of Mr. Wells has no superior in the English language.—*Buffalo Med. and Surg. Journ.*, Feb. 1874.

This work merits the designation of being the most valuable one in the English language for the general practitioner.—*Chicago Med. Examiner*, Jan. 15, 1874.

Decidedly the most complete and valuable in the English language.—*Western Lancet*, Feb. 1874.

HENRY C. LEA—Philadelphia.